



Atty. Dkt. No. 050499-0101

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Shinichi SOMA et al.  
Title: ORTHODONTIC REMEDIES  
CONTAINING PTH  
Appl. No.: 09/344,382  
Filing Date: 06/25/1999  
Examiner: D. Romeo  
Art Unit: 1647

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**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment A in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	29	21	8	x \$18.00	\$144.00
Independents:	3	3	0	x \$80.00	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$270.00	\$0.00
CLAIMS FEE TOTAL:					\$144.00

- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$890.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
EXTENSION FEE TOTAL:			\$890.00
CLAIMS AND EXTENSION FEE TOTAL:			\$1034.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$1034.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$1034.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$1034.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 3 July 2001

By Stephen A. Bent

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